



State Capital Outlay Training Manual

Chapter 4: Capital Outlay Budget Execution

Key Points

Appropriations and Required Forms

It is important to understand the difference between receiving an appropriation and receiving funding. For General Obligation Bond funding, the Act indicates what has been appropriated. The appropriation must be funded through the issuance of a line of credit.

- All entities with an appropriation in the Act will receive an Appropriations Memorandum from the Commissioner of Administration.
- For **new** projects, entities must submit a **Request for Line of Credit Form**.
- For **existing** projects receiving supplemental funds, a new **Request for Line of Credit Form** is required.
- For existing projects that are **fully funded**, **NO FORMS ARE NEEDED**.
- Reauthorization for previous lines of credit occurs in July.

Key Points - Lines of Credit

- Lines of Credit are issued by the State Bond Commission.
- The State Bond Commission usually meets on the 3rd Thursday of each month.
- A Request for Lines of Credit Form must be submitted in order for the Commission to consider issuing a Line of Credit
- The Commissioner of Administration submits a recommendation to the Bond Commission regarding which requests should receive lines of credit
- The Bond Commission can approve, reject or defer requests for lines of credit
- Monies advanced on a line of credit shall be spent only in accordance with the description in the bond authorization act.
- Agendas and actions can be seen on the Commission's webpage on the State Treasurer's website,
<http://www.treasury.state.la.us/>

General Obligation Bond Priority

Priority 1 – is always a reauthorization and usually receives a cash line of credit at the July meeting of the State Bond Commission.

Priority 2 – is a new appropriation and can receive a cash line of credit from the State Bond Commission at any time during the fiscal year.

Priority 3 and Priority 4 – are also new appropriations that can receive cash lines of credit from the State Bond Commission during the fiscal year, but only after all of the Priority 2 appropriations have received lines of credit.

Priority 5 – can be a reauthorization or a new appropriation and can receive a noncash line of credit from the State Bond Commission. Reauthorized noncash lines of credit are granted at the July meeting while new noncash lines of credit may be granted at any time during the fiscal year. Unlike cash lines of credit, noncash lines of credit cannot be “spent” towards project completion. These lines of credit only provide contract authority. However, prior to entering into a contract that obligates a noncash line of credit, the Office of Facility Planning and Control must seek approval from the Commissioner of Administration.

Appropriations

SAMPLE APPROPRIATION

A 50/J26 **B** JEFFERSON PARISH

1	C	(999)	D	Marrero Community/Senior Center, Land		
2				Acquisition, Planning, Construction and Equipment		
3				(\$200,000 Cash and/or In-Kind Match)		
4			E	(Jefferson)		
5			F	Payable from General Obligation Bonds		
6				Priority 1	G	\$ 300,000
7				Priority 2	H	\$ 50,000
8				Total	I	<u>\$ 350,000</u>

A “Agency Number”

F Means of Finance

B “Agency” Name

G Reauthorized Funding

C BDS Number

H New Funding Appropriation

D Project Title

I Total Funding Appropriation

E Parish

Sample Documents

The following documents which are a part of the capital outlay process are included so that the agencies will be familiar with them.

1. **Appropriations Memorandum**

The statutorily required July Appropriations Memorandum sent to all entities having a project appear in the current Act and the accompanying spreadsheet showing which projects are in the Act and what forms need to be submitted.

2. **Guidelines Memorandum**

The Guidelines Memorandum is mailed in September to all state agencies regarding the procedures for submission of Capital Outlay Requests. The deadline for submission is November 1st.

3. **Line of Credit Form**

An example of how to complete the Line of Credit Form is included.

4. **Treasury Website**

How to access the Treasury website to check the status of bond appropriations along with an example of state funded appropriations.

5. **Capital Outlay Request**

A sample of a completed Capital Outlay Request is included.

6. **Line of Credit Form**

A sample of a completed Line of Credit Form is included.

7. **State Agency – eCORTS Priority Ranking**

This form should be included with the submission of a capital outlay request, prioritizing the needs of the agency.

8. **Preliminary Program Form**

Once a project receives funding, this form is required so that Facility Planning and Control can create a plan for the project.

All the forms can be found on the Capital Outlay website

(http://www.doa.la.gov/Pages/ofpc/Capital%20Outlay/Capital_Outlay.aspx) under Downloadable Forms. On this same webpage is the link to the e-CORTS system where Capital Outlay Requests are entered (<https://wwwprd.doa.louisiana.gov/ecorts/default.cfm>).




State of Louisiana
Division of Administration
FACILITY PLANNING AND CONTROL

MEMORANDUM

DATE: July 1, 2015

TO: Statewide Elected Officials, Department Secretaries, Fiscal Officers, Higher Education Boards and Institutions

FROM: Mark A. Moses 
Director, Office of Facility Planning and Control

RE: Act 26 of 2015 – Capital Outlay General Obligation Bond Appropriations

Enclosed with this memorandum is a list of projects for your agency with general obligation bond appropriations in Act 26 of 2015. The general obligation bond appropriations must receive a line of credit from the State Bond Commission in order to be funded. An agency requests a line of credit by submitting a ***Request for Line of Credit Form***. This form is only needed for **new general obligation bond appropriations**. The enclosure included with this memorandum lists your agency's projects that have general obligation bond appropriations in Act 26 and indicates whether your agency needs a line of credit form for an individual project.

Only those funds that are anticipated to be spent in a single year should be requested as a cash line of credit. The remaining funds should be requested as a non-cash line of credit. **If lines of credit are not granted during the current fiscal year for the total requested state funding, a new Capital Outlay Request should be submitted by November 1st for the subsequent fiscal year.**

The ***Request for Line of Credit Form*** can be downloaded from our website at the following address: **<http://www.doa.louisiana.gov/fpc/download1.htm>**. For a hardcopy of the ***Request for Line of Credit Form***, please contact the Capital Outlay section of the Office of Facility Planning and Control at **capitaloutlay@la.gov** or 225-342-0823.

Please send the original ***Request for Line of Credit Form*** to the address below:

Office of Attorney General - Civil Division
Public Finance & Contracts
P.O. Box 94005
Baton Rouge, LA 70804

Send a copy of the completed ***Request for Line of Credit Form*** to both of the addresses below:

State Bond Commission
P.O. Box 44154
Baton Rouge, LA 70804

Division of Administration – Office of Facility Planning & Control
Capital Outlay Section
P.O. Box 94095
Baton Rouge, LA 70804

If you have any questions or need additional information, please contact the Capital Outlay Section of the Office of Facility Planning and Control at capitaloutlay@la.gov or (225) 342-0823.

c: State Legislators (Memo only)
House and Senate Staff (Memo only)
Lela Folse, State Bond Commission (Memo only)
Richard McGimsey, Office of the Attorney General (Memo only)

Enclosure: List of appropriations



State of Louisiana
Division of Administration
FACILITY PLANNING AND CONTROL
MEMORANDUM

TO: Statewide Elected Officials, Department Secretaries
Higher Education Boards and Institutions

FROM: Mark A. Moses *MM*
Director, Office of Facility Planning and Control

DATE: September 18, 2015

SUBJECT: Capital Outlay Budget Requests for FY 2016-2017 through FY 2020-2021

This memorandum is to serve as a reminder to State Agencies of the procedures and requirements relative to the submission of a Capital Outlay Request (COR). Please forward this memorandum to the appropriate budget units and institutions under the authority of your department.

What qualifies as a Capital Outlay project?

If the only anticipated source of funding available for the project is General Obligation Bonds, it is necessary to limit Capital Outlay projects to those which have an anticipated **useful life of 20 years or more and a value or cost of at least \$50,000.**

An example list of qualifying projects, as well as the contents of the Capital Outlay Request, can be found on the Facility Planning and Control website:

1. www.doa.la.gov
2. Division Offices
3. Facility Planning and Control
4. Capital Outlay
5. Qualifications for Inclusion

Applications for capital outlay funds are filed electronically in the Capital Outlay Request Tracking System, eCORTS. The website for eCORTS is:

<https://wwwprd.doa.louisiana.gov/ecorts/default.cfm>

Do not include in the CORs any of the following: minor repair or renovation projects, such as painting, flooring, etc.; minor roof repairs which do not extend the useful life of the roof; movable equipment and furnishings, except for that associated with new buildings; vehicles of any type;

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(225) 342-0820 • Fax (225) 342-7624

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materials and supplies; repair or renovation of minor building components such as plumbing fixtures, locks, etc.; and routine and preventive maintenance of existing equipment. The expectation is that every state agency should have a written maintenance management plan in place, which addresses these items through the operating budget, instead of deferring maintenance until a capital outlay budget project is needed.

Should a Capital Outlay Request be re-submitted?

Yes, if a project received a General Obligation Bond appropriation in Act 26 of 2015, but did NOT receive a line of credit from the State Bond Commission, needs to be re-submitted for the subsequent fiscal year; if the project is still needed.

Yes, if a project has received a General Obligation Bond appropriation in Act 26 of 2015, with a State Bond Commission authorized line of credit, but is not fully funded, should be requested again for the remaining balance needed to complete the project.

Also, any revenue bonds authorized in the Act, but not issued by the end of the fiscal year, should be requested again for the subsequent fiscal year to be included in the Capital Outlay Budget.

Often agencies overload the first-year requests and disregard years two through five. The first-year request should accurately reflect the anticipated project funding needs for year one.

Why is this information required?

R.S. 39:112 and the State Constitution compel FPC to review CORs for feasibility. FPC will evaluate CORs for feasibility in accordance with the content requirements of R.S. 39:102 (<http://www.legis.la.gov/legis/Law.aspx?d=95691>). Requests deemed incomplete will be declared "not feasible" and appropriate Legislative Committees will be notified per R.S. 39:112.

What is the deadline for submission?

R.S. 39:101.B (1)(c) requires that CORs be submitted no later than **November 1st**. For State projects, R.S. 39:112 states that requests submitted after November 1st cannot be included in the Capital Outlay Act unless the project receives late approval: (1) as an economic development project recommended in writing by the Secretary of the Department of Economic Development or (2) as an emergency project recommended in writing by the Commissioner of Administration.

Priority List

Each State Agency Department is required to submit a list of all submitted requests. Each entry should include the priority according to the Agency and the Department, Agency Number, Agency Name, Title of requested project, Type of funding requested, Year 1 amount needed, Years 2-5 amount needed, and a total project cost.

A downloadable format for the Priority List can be found at:

<http://www.doa.la.gov/Pages/ofpc/Capital%20Outlay/CODownloadableForms.aspx>, under "Capital Outlay Priority List."

Please submit these lists to the Capital Outlay Section of the Office of Facility Planning and Control via email at capitaloutlay@la.gov, or fax (225) 342-7624 by November 1st.

Questions:

A series of online help screens for eCORTS can be found on the web:

<https://wwwprd.doa.louisiana.gov/ecorts/Help/eCORTS%20State%20Example.pdf>

Or agencies can contact the Capital Outlay Section either by phone at (225) 342-0823 or email CapitalOutlay@la.gov

MAM//cv

REQUEST FOR LINE OF CREDIT

The purpose of this Request is to gather information and representations which will assist the Attorney General of the State of Louisiana and Bond Counsel to the State of Louisiana in determining whether the moneys from the line of credit being requested by you and to be issued by the State Bond Commission on your behalf and/or use of proceeds of the State of Louisiana's general obligation bonds issued on your behalf will comply with the Louisiana Constitution, the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and applicable income tax regulations to insure that interest payable by the State on such bonds will be tax exempt. If you have questions regarding this questionnaire, you can contact the Public Finance Section of the Attorney General's Office at (225) 326-6020.

In order to obtain a line of credit, you must establish that the project is ready to proceed and that there is no impediment to the sale of bonds by the State on the date the line of credit is granted.

Responses to the questions herein may be stated in the spaces provided or on attachments to this Request. The Request should be approved and signed by a duly authorized representative who is responsible for coordination of the legal and financial matters and concerns of your entity in connection with the proposed bond issue. Please respond as accurately as possible.

1. REQUESTED BY: _____
(Agency or Department)

REQUESTED FOR: _____
(Agency or Department)

2. Project Description as found in the Capital Outlay Act:

COPY PROJECT TITLE FROM PAGE OF THE ACT ENCLOSED WITH APPROPRIATION MEMO

3. Justification for the request for a line of credit (include anticipated timing of the expenditures):

EXPLAIN WHY FUNDING IS NEEDED AND WHEN FUNDING IS NEEDED

4. Amount and priority of appropriation as stated in the Capital Outlay Act:

COPY AMOUNTS FROM PAGE OF THE ACT ENCLOSED WITH APPROPRIATION MEMO

Priority 1	\$	_____
Priority 2	\$	_____
Priority 3	\$	_____
Priority 4	\$	_____
Priority 5	\$	_____

5. Priority and amount of cash line of credit requested:

REQUEST TOTAL AMOUNT APPROPRIATED FOR EACH PRIORITY

PRIORITY	1	\$	_____
PRIORITY	2	\$	_____

6. Amount of priority 5 non-cash line of credit requested: \$ _____

7. Projected cash flow for line of credit. Total funds to be spent within each time period (not cumulative):

1-6 months	7-12 months	13-18 months	19-24 months
\$ _____	\$ _____	\$ _____	\$ _____
25-30 months	31-36 months	<p style="text-align: center;">Total Line of Credit Requested Should equal total of questions 5 and 6</p> <p style="text-align: center;">\$ _____</p>	
\$ _____	\$ _____		

8. Break out the anticipated use of the money by category (e.g. planning, land acquisition, construction, equipment) for costs of the project:

<p>Facility, Land, Equipment or Other Capital Expenditures Including Interest During Construction (Please Describe)</p> <p>THESE CATEGORIES CORRESPOND TO THOSE ON THE CAPITAL OUTLAY REQUEST. IF YOUR APPROPRIATION IS FOR LESS THAN THE REQUESTED AMOUNT OF STATE FUNDING, THIS IS YOUR OPPORTUNITY TO EXPLAIN HOW FUNDS CAN BE USED TO "FUNCTIONALLY ADVANCE" YOUR PROJECT.</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Asset Life in Years (ADR midpoint or Appraisal)</td> <td style="text-align: center;">Date Placed In Service or Anticipated to be Placed in Service</td> </tr> </table> <p>INDICATE LIFE EXPECTANCY OF STRUCTURES AND EQUIPMENT. ALSO INDICATE WHEN YOU WILL COMPLETE CONSTRUCTION AND/OR BEGIN USING THE NEW/RENOVATED FACILITY OR EQUIPMENT.</p>	Asset Life in Years (ADR midpoint or Appraisal)	Date Placed In Service or Anticipated to be Placed in Service	<p style="text-align: center;"><u>Amount</u></p> <p>INDICATE THE AMOUNT OF THE REQUESTED LINES OF CREDIT THAT WILL BE USED FOR EACH CATEGORY TO THE LEFT</p> <div style="text-align: right; margin-top: 20px;"> <p>_____</p> <p>Total \$ _____</p> </div>
Asset Life in Years (ADR midpoint or Appraisal)	Date Placed In Service or Anticipated to be Placed in Service			

9. Are you requesting that any portion of the moneys be used to reimburse you or others for expenditures incurred by you or by others before the granting of the line of credit or issuance of the general obligation bonds? If yes, please give details including nature of the expenditures, source of payment of the expenditures and time when such expenditures were incurred.

Yes () No ()

10. Do you currently anticipate the future sale of any portion of the project? If yes, please describe the anticipated sale.

Yes () No ()

11. Will any portion of the proceeds be used (directly or indirectly) to make or finance loans to private persons or entities? If yes, please describe.

Yes () No ()

12. Will there be a private or non-governmental user of the project?. If yes, please list the private and/or non-governmental user of the project and state their interest in the project. A principal user includes each person and/or entity who owns more than 5% of the project (if no one owns more than 5%, name the person and/or entity who owns the largest ownership interest in the project), each person and/or private entity who leases 5% or more of the project, each private recipient of more than 5% of the use or services of the project, managers or operators of facilities under contracts with terms exceeding two years or terms which provide for payment based on a percentage of fees or revenues.

Yes () No ()

13. List the name of the entity in which the project will be titled.

14. Is there any requirement to repay the State any moneys for this project? If yes, set forth the terms of the repayment.

Yes () No ()

15. Does your entity or the project generate revenues that will be used to make payments to the State? If yes, describe (i) from whom the revenues are obtained, (ii) the revenues, income or payments to the State, and (iii) the agency, accounts or funds to which they are deposited.

Yes () No ()

16. Will any portion of the proceeds be used to finance a Project which will be used primarily by private persons or entities or those doing business with such entity? (For example, a road or a building which will service only a private industry or industrial park.) If yes, please describe.

Yes ()

No ()

17. Do you anticipate a management contract or lease being entered into regarding all or any portion of the Project. If so, please attach a copy of all contracts, management contracts, leases or subleases of space with private persons and/or entities relating to the Project. Please describe any anticipated contracts, management contracts, leases or subleases with private persons and/or entities relating to the Project, including, without limitation, rent square footage, square footage percentage of the whole Project, proposed use, payment provisions, etc.

Yes ()

No ()

18. Do you presently expect to change the use of the Project in any way that is not described elsewhere in this Questionnaire? If yes, please describe.

Yes ()

No ()

19. Is there is a match requirement for the Project? If yes, please describe the amount and nature of the match and attach verification of the existence and availability of the match and the commitment to use the match for the Project.

Yes ()

No ()

R.S. 39:112 REQUIRES A LOCAL MATCH FOR ALL NON-STATE PROJECTS UNLESS THE PROJECT IS DEEMED AN EMERGENCY PROJECT BY THE COMMISSIONER OF ADMINISTRATION OR THE ENTITY HAS ESTABLISHED AN INABILITY TO PROVIDE THE REQUIRED MATCH

20. Does the Capital Outlay Act contains a specific condition for the Project, other than matching funds? If yes, describe the condition and attach verification that the requirements of the condition have been met.

Yes ()

No ()

THE ANSWER FOR MOST APPROPRIATIONS WILL BE “NO”. IF THERE IS SPECIAL LANGUAGE CONTAINING SPECIFIC CONDITIONS, IT WILL BE LOCATED DIRECTLY BENEATH THE APPROPRIATION.

The undersigned does hereby certify that he/she is the duly authorized and acting representative of the _____ that the responsibilities of such position include responsibility for coordination of the legal and/or financial matters of the _____; in connection with the bond issue in question; that he/she is authorized to provide the information and representation contained herein for your use and reliance in rendering the opinion requested of you; that the information and representations contained herein are accurate and complete; and that if any of the information changes after the date of execution hereof but prior to the issuance of the Bonds for the Project, I will attempt to notify the Attorney General=s Office, Public Finance Section.

Dated: _____ 200__

By: _____
(Signature)

(Please type) Name: _____
Title: _____
Entity: _____
Address: _____

Telephone #: _____
Fax #: _____
E-mail Address _____

You can check the status of Lines of Credit on the State Treasurer's website: www.treasury.state.la.us

The screenshot shows the homepage of the Louisiana Department of the Treasury. At the top, the header reads "LOUISIANA DEPARTMENT OF THE TREASURY" with the website "WWW.LATREASURY.COM". A red circular seal of the State of Louisiana is in the top right. Below the header, a banner features a photo of John Neely Kennedy, State Treasurer, with the text "John Neely Kennedy, State Treasurer". On the left is a navigation menu with links: Home, Treasurer Kennedy, Unclaimed Property, State Bond Commission, News Room, Divisions, START, Links, and Contact Us. Below the menu is a red "E-MAIL SIGN UP" button. The main content area has a "Welcome to the Louisiana Department of Treasury" message from John Kennedy, a photo of him, and a signature. To the right, there are sections for "LATEST NEWS" (listing items like "Kennedy Budget Critique" and "Editorial: Barreling toward the cliff"), "Helpful Links...", "BUDGET LINKS" (listing "Louisiana Spending Watch" and "State Debt Information"), and "LOWER GAS PRICES" (listing "Louisiana Gas Prices.com" and "Gas Prices - MSN Auto").

Select "State Bond Commission" from the left menu

This screenshot shows the "State Bond Commission" page on the Louisiana Department of the Treasury website. The left navigation menu now has "State Bond Commission" highlighted. The main content area is titled "State Bond Commission" and contains three paragraphs of text describing the commission's history, its constitutional basis, and its functions. Below the text is a "Members" section listing: State Treasurer John Neely Kennedy - Chair, Governor Bobby Jindal, Lt. Governor Scott Angelle, Secretary of State Jay Dardenne, Attorney General James D. "Buddy" Caldwell, and Senator Joel T. Chaisson, II - President of Senate. On the right side, there is a "CONTACT" section for Whitman J. Kling, Jr., Director of State Bond Commission, with contact information and links to "Application Requirements", "Rules & Regulations (LAC Title 71)", and "Download Documents". Below that is a "LINKS" section with links to "Sign up to receive Bond Commission Meeting Agendas via Email" and "Baton Rouge Business Report GO Zone Guide".

Scroll down the page to “Bond Commission Meetings”

Bond Commission Meetings							
Meeting Date	S/ND	Deadline Date	Election Date	1 Week Prior to Meeting	24 Hours Prior to Meeting	Post Meeting	LOC Certificates of Approval
1/21/2010		12/16/2009		Preliminary	Posted	Final Minutes	
2/18/2010		1/19/2010	5/1/2010	Preliminary	Posted	*(SAP) Minutes	Rescinded LOC5
3/18/2010		2/17/2010		Preliminary	Posted	*(SAP) Minutes	
4/15/2010		3/16/2010		Preliminary	Posted	*(SAP) Minutes	
5/20/2010		4/21/2010		Preliminary	Posted	Final Minutes	
6/17/2010		5/18/2010		Preliminary	Posted	Final Minutes	
7/22/2010	ND	6/15/2010	10/2/2010	Preliminary	Posted	Final Minutes	LOC1 LOC5
8/19/2010		7/21/2010		Preliminary	Posted		
9/16/2010		8/17/2010	11/2/2010				
10/21/2010		9/22/2010					
11/18/2010		10/18/2010					
12/16/2010		11/15/2010					
1/20/2011		12/17/2010	4/2/2011				
2010		2009	2008	2007	2006	2005	2004
*(SAP) = Same As Posted *S = Special *ND = New Date							

Prior to the meeting, you can view proposed Lines of Credit on the links for “Preliminary” and “Posted”. After the meeting, you can view approved Lines of Credit on the links for each LOC Certificate of Approval: “LOC1”, LOC2” and “LOC5”

Act 26 of the 2015 Regular Session of the Louisiana Legislature
Priority 1 Cash Lines of Credit Recommendations
 July 2015 Meeting of the State Bond Commission

Agency Number	Agency Name	FY16 BDS	Project Title	Parish	Recommended Priority 1 Cash Lines of Credit
01-107	Division of Administration	616	Local Government Assistance Program	Statewide	11,870,000
01-107	Division of Administration	617	Community Water Enrichment Program	Statewide	16,210,000
01-107	Division of Administration	1303	State Office Buildings Major Repairs, Equipment Replacement, and Renovations, Planning and Construction	Statewide	2,175,000
01-107	Division of Administration	1454	Outpatient Clinics in Rapides Parish, Planning and Construction	Rapides	14,999,900
01-107	Division of Administration	1479	Repair, Restoration and Replacement for Hurricanes Katrina, Rita, Gustav and Ike, Planning, Construction, Renovation, and Acquisition	Statewide	106,010,000
01-107	Division of Administration	1492	Major Repairs for State Buildings Based on Statewide Condition Assessment, and Infrastructure, Planning and Construction	Statewide	32,500,000
01-107	Division of Administration	1561	Americans With Disabilities Act Implementation for State Facilities, Planning and Construction	Statewide	165,000
01-107	Division of Administration	1590	Statewide Roofing, Waterproofing, and Related Repairs and Equipment Replacement Program	Statewide	3,675,000
01-107	Division of Administration	1652	Exterior Waterproofing at the State Capitol Building, Planning and Construction	East Baton Rouge	2,125,000
01-107	Division of Administration	1688	Louisiana Cancer Research Center in New Orleans, Planning and Construction	Orleans	12,000,000
01-107	Division of Administration	1750	Mold Remediation and Indoor Air Quality, Planning and Construction	Statewide	500,000
01-107	Division of Administration	1771	DPS and ISB Data Centers, Planning, Construction and Renovations	East Baton Rouge	60,000
01-107	Division of Administration	1980	Land Acquisition for Mitigation	Richland	700,000
01-107	Division of Administration	2033	Shreveport State Office Building Mechanical and Electrical Renovations	Caddo	145,000
01-109	Office of Coastal Protection and Restoration	959	Westbank Hurricane Protection Project, Planning, Construction, Right of Way and Utilities (\$199,000,000 Federal Match and \$52,800,000 Local Match)	Jefferson, Orleans, Plaquemines, St. Charles	1,615,000
01-109	Office of Coastal Protection and Restoration	961	Morganza to Gulf of Mexico Flood Control Feasibility Study, Planning, Design, Right of Way and Construction of Levees, Floodgates and Other Flood Control Systems (\$100,000,000 Local Match)	Ascension, Assumption, Iberia, Iberville, Lafourche, Pointe Coupee, St. Martin, St. Mary, Terrebonne, West Baton Rouge	23,010,000

Project ID 543366
Project Level Agency
EXEC OFFICE
01-100 - Offices for Southern Louisiana Health Center

CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Project

Page 1

Title

Offices for Southern Louisiana Health Center

Location New Orleans

Priority

☐ Emergency Project
☐ Current Project Requirements
☒ Anticipated Program Needs

State IDs

Local/Agency of

Department of

Management Board of

Applicant

Agency 100 EXEC OFFICE

Schedule 01-100

Department 01 EXECUTIVE

Parish ORLEANS

Senate District 1

House District 100

Site Code

Local/Agency

User VFA
Contact Robert Smith
Phone Number 225-555-2651
Fax 225-350-4070
E-Mail rsmith@yahoo.com

Address 266 Summer Street

City/State/Zip New Orleans LA 70130

Department

User
Contact
Phone Number

Management Board

User
Contact
Phone Number

Cost Estimates

	Local/Agency	Department	Management Board	FPC
Land/Building Acq.	0			
Planning 10%	60,544			
Construction	605,436			
Hazardous Materials	0			
Subtotal	665,980			
Misc./Contingency	60,544			
Equipment	117,340			
Total	843,864			

Time Estimates

Planning (months)
Construction (months)

If planning has begun, when will it be completed? 1/15/2010

Project ID **543366**
Project Level **Agency**
EXEC OFFICE
01-100 - Offices for Southern Louisiana Health Center

CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Prior Funding

Page 2

FPC Project No. Assigned to Prior Funding

Sub-project No.

Authorized Means of Financing	Amount	Year	Act#	Priority	Bond	Credit
GO Bonds	25,000	2008	29	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GO Bonds	50,000	2009	20	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
	0	0		0	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$75,000					

Proposed New Funding

☐ This project does not require funding in Year 1

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
State Funds	375,000	393,868	0	0	0	\$768,868
IAT	0	0	0	0	0	\$0
*Local Funds	0	0	0	0	0	\$0
*Reimbursement Bonds	0	0	0	0	0	\$0
*Fees/Self-Gen. Rev.	0	0	0	0	0	\$0
*Revenue Bonds	0	0	0	0	0	\$0
**Statutory Dedications	0	0	0	0	0	\$0
Federal Funds	0	0	0	0	0	\$0
Total	\$375,000	\$393,868	\$0	\$0	\$0	\$768,868

*Describe specific source of funds

**Type of Statutory Dedication

What fiscal year (FY) was the project or program first submitted for consideration?

Agency Impact Statement

I hereby certify that this project has been reviewed, approved, and integrated into our department's long range strategic plan and five year budget. The impact of this project's operating budget has been approved.

Name Title Date

Comments

This project will enable the agency to provide necessary ongoing services to the local community in accordance with our charter and strategic plan. Ongoing operational costs have been estimated and budgeted through 2015. (From Page 7) To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. Due to the influx of distressed population from hurricane affected areas there is a need to implement services of this type at this location. The growth in distressed population in the past two years is expected to remain in place or continue to grow. Services are required in accordance with the agency's mission and are not available elsewhere in the area presently. (From Page 10) Renovate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. Restrooms will be retrofitted to meet full ADA compliance. The space will consist of a waiting room to accommodate 20 clients, a reception area suitable for two concurrent employees, 14 treatment rooms, 6 offices, 6 restrooms and a file/recodr keeping area. The existing space is aged and will need to be significantly renovated with electrical, mechanical and finish systems to support the program needs. Costs include all furnishings and equipment necessary to outfit the space.

Project ID **543366**
Project Level **Agency**
EXEC OFFICE
01-100 - Offices for Southern Louisiana Health Center

CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Demonstration of Need

Page 4

Title	Offices for Southern Louisiana Health Center		
Description	Renovate existing 11,500 square foot second floor space, currently used for record storage and partially vacant, to treatment facility for emotionally disturbed persons.		
Location	New Orleans	Present Empl.	0
Project Type	Health Infrastructure	Future Empl.	8
Facility Type	Health/Medical	Citizens Served	200
Program / Service Desc.	Treatment	Daily Users	40
Describe the long range strategic plan (5-Yr) for the program	To provide ongoing outpatient treatment of emotionally disturbed population due to victimization, displacement, loss, addiction and abuse. (See additional comments on page 4.)		

Purpose (Check all that apply)

<input type="checkbox"/> Expand Existing Pgm	<input checked="" type="checkbox"/> Changes in Mission	<input type="checkbox"/> Address Actual
<input type="checkbox"/> Relocate Existing Pgm	<input type="checkbox"/> Changes in Existing	<input type="checkbox"/> Changes in Standards
<input checked="" type="checkbox"/> Add New Pgm	<input checked="" type="checkbox"/> Changes in Population	<input type="checkbox"/> Promote Economic Dev
<input type="checkbox"/> Attract Business	<input checked="" type="checkbox"/> Generate Employment	<input type="checkbox"/> Address Code Violations
<input type="checkbox"/> Other		

Applicable Guidelines / Standards

Publications, regulatory agencies' guidelines for the program	Joint Commission on Accreditation of Healthcare Organizations, Centers for Medicare/Medicaid Services
Minimum or mandatory requirements for above-listed program	To allow program to continue to be in compliance with the rules, regulations and standards set forth by the above agencies and to continue to receive reimbursement for the services provided.
What alternatives were considered? (check all that apply)	<input type="checkbox"/> Maintaining Status Quo <input type="checkbox"/> New Space <input type="checkbox"/> Renovations of Existing Space <input checked="" type="checkbox"/> Use Existing Space <input checked="" type="checkbox"/> Less Space <input checked="" type="checkbox"/> Expansions of Similar Program Elsewhere
How was the best option determined (Studies, Etc.)?	Program requires additional space to expand. Contracted
Were feasibility studies or needs assessment reports prepared other than this application?	<input checked="" type="checkbox"/> Yes
Preparer's Name	Richard Smith
Phone	225-555-5626

List socioeconomic and environmental affects of project

Identify and describe other similar facilities in your area and evaluate their capabilities to meet needs

Existing facilities on floors 1, 3 and 4 currently support program. Rental space evaluated but lacking in service area. Undeveloped floor available in bldg.

Request Endorsed By: Senator ☐ Rep. ☐ Endorser's Name:

01-100 - Offices for Southern Louisiana Health Center

<http://www.state.la.us/ecorts/>

Page 5

Date Prepared 8/31/2009

☒ New Space

Employees	22
Visitors / Clients	20

Contract Employees	0
Students / Assistants	1

Temporary Employees	0
Others	0

What will happen with the existing facility (demolition, remodeled, other program) and funding if needed?

\$55,000

Phone

Exhaust fans, stairwell skylights, ductwork

01-100 - Offices for Southern Louisiana Health Center

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Page 6

Date Prepared 8/31/2009

Security system required for treatment of emotionally impaired.

Type of Space	Net Area	Cost/S.F.	Area Cost
Office	660	188	124,080
Reception	400	164	65,600
Waiting Room	600	125	75,000
Treatment Room	1,120	188	210,560
Restrooms	384	245	94,080
Records	144	164	23,616
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Burden Area	827	0	0
Total / Average / Total	4,135	143	592,936

Item	Quantity	Unit Cost	Total
Security System	1	12,500	12,500
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Subtotal of Additional Line Item Expenses			12,500

Subtotal of Additional Line Item Expenses	12,500
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Total Construction Cost	605,436
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Item	Item Costs
Movable furniture	42,000
Portable defibrillator	340
Computer equipment	48,000
Telecom equipment	27,000
	0
Total Equipment Costs	117,340

7

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If this project is a current year request, attach an itemized breakdown with unit costs and an estimated useful life of the equipment with final submission to Facility Planning.

Project ID **543366**
 Project Level **Agency**
 EXEC OFFICE
 01-100 - Offices for Southern Louisiana Health Center

CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Operation Budget (Expenditures)

Page 7

(Should match submittals BR-1 and BR-2 to Office of Planning and Budget)

Existing Operating Budget
Current Year Budgeted

Annual Projected Increase (Decrease)
After Project Completion

Salaries	7,125,418	1,256,359
Other Compensation	546,230	0
Related Benefits	0	0
Travel	185,025	25,426
Operating Services	2,542,365	835,628
Supplies	965,201	265,408
Professional Services	262,304	0
Other Services	63,459	0
Debt Services	1,256,998	0
Interagency Funds	3,650,953	0
Acquisitions	877,965	0
Major Repairs	1,156,445	356,203
Unallocated	0	0

Total Expenditures	18,632,363	2,739,024
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Total Positions	114	22
-----------------	-----	----

Operation Budget (Financing)

State General Fund (Direct)	9,685,354	1,423,781
State General Fund by:		
Interagency Transfer	0	0
Fees and Self-Generated Rev.	8,034,936	1,181,164
Statutory Dedications	912,073	134,079
Interim Emergency Board	0	0
Federal Funds	0	0

Total Financing	18,632,363	2,739,024
-----------------	------------	-----------

Balance

Excess / Deficiency of Expenditures Over Financing (should = 0)	0	0
---	---	---

Operating Budget (Summary)

	Year 1	Year 2	Year 3	Year 4	Year 5
State Gen. Fund (Direct)	9,685,354	9,685,354	10,397,345	11,109,135	11,109,135
Interagency Transfer	0	0	0	0	0
Fees/Self-Gen. Revenue	8,034,936	8,034,936	8,625,517	9,216,099	9,216,099
Statutory Dedications	912,073	912,073	979,112	1,046,151	1,046,151
Interim Emergency Board	0	0	0	0	0
Federal Funds	0	0	0	0	0
Total Means of Financing	18,632,363	18,632,363	20,001,974	21,371,385	21,371,385

Comments

Operating increase due to expansion of staff to occupy renovated space, additional cleaning, maintenance and repair for space and supplies associated. Distribution of financing sources for the increase assumed to match distribution of existing funding. Increase assumed to start at project completion, midway through year 3 and continue in full in years 4 and 5. No inflationary increases shown in budget, actual budgets may increase slightly due to inflation

Project ID 543366
Project Level Agency
EXEC OFFICE

01-100 - Offices for Southern Louisiana Health Center

CAPITAL OUTLAY REQUEST

FISCAL YEAR 2011 - 2012

<http://www.state.la.us/ecorts/>

Space Utilization

Page 10

Local User Facility: VFA

Prepared By: Robert Smith

Detail Space Utilization Plan Here:

Program currently housed in 1st, 3rd and 4th floors of existing building. Program requires additional space to expand. Currently vacant space on second floor of building to be fit out to accommodate additional area needed. Support and administrative space provided on the existing floors can support most of the expanded program, as a result the focus of the renovation will be on direct service space. See distribution of space on page 9, The ratio of direct service space to administrative space in the existing occupied area is 60% to 40%. With the addition of the newly renovated space, the ratio changes to 75% direct service to 25% administrative and support overall, which is consistent with agency guidelines and industry standards. When completed the net area per service provider will be 120 square feet, which is 10% below industry recommendations, but within acceptable tolerances to operate.

REQUEST FOR LINE OF CREDIT

The purpose of this Request is to gather information and representations which will assist the Attorney General of the State of Louisiana and Bond Counsel to the State of Louisiana in determining whether the moneys from the line of credit being requested by you and to be issued by the State Bond Commission on your behalf and/or use of proceeds of the State of Louisiana's general obligation bonds issued on your behalf will comply with the Louisiana Constitution, the provisions of the Internal Revenue Code of 1986, as amended (the "Code"), and applicable income tax regulations to ensure that interest payable by the State on such bonds will be tax exempt. If you have questions regarding this questionnaire, you can contact the Public Finance Section of the Attorney General's Office at (225) 326-6020.

In order to obtain a line of credit, you must establish that the project is ready to proceed and that there is no impediment to the sale of bonds by the State on the date the line of credit is granted.

Responses to the questions herein may be stated in the spaces provided or on attachments to this Request. The Request should be approved and signed by a duly authorized representative who is responsible for coordination of the legal and financial matters and concerns of your entity in connection with the proposed bond issue. Please respond as accurately as possible.

1. REQUESTED BY:

(Agency or Department)

REQUESTED FOR:

(Agency or Department)

2. Project Description as found in the Capital Outlay Act:

3. Justification for the request for a line of credit (include anticipated timing of the expenditures):

4. Amount and priority of appropriations as stated in the Capital Outlay Act:

Priority 1	\$
Priority 2	\$
Priority 3	\$
Priority 4	\$
Priority 5	\$

5. Priority and amount of cash line of credit requested:

Priority 1	\$
Priority 2	\$

6. Amount of priority 5 non-cash line of credit requested: \$

7. Projected cash flow for line of credit. Total funds to be spent within each time period (not cumulative):

01 - 06 months:	07 - 12 months:	13 - 18 months:	19 - 24 months:
\$	\$	\$	\$
25 - 30 months:	31 - 36 months:	Total Line of Credit Requested:	
\$	\$	=	\$

8. Break out the anticipated use of the money by category (e.g. planning, land acquisition, construction, equipment) for costs of the project:

<u>Facility, Land, Equipment or Other Capital Expenditures Including Interest During Construction (Please Describe)</u>	<u>Asset Life in Years (ADR midpoint or Appraisal)</u>	<u>Date Placed in Service or Anticipated to be Placed in Service</u>	<u>Amount</u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total:	\$

9. Are you requesting that any portion of the moneys be used to reimburse you or others for expenditures incurred by you or by others before the granting of the line of credit or issuance of the general obligation bonds? If yes, please, give details including nature of the expenditures, source of payment of the expenditures and time when such expenditures were incurred.

Yes No

10. Do you currently anticipate the future sale of any portion of the project? If yes, please describe the anticipated sale.

Yes No

11. Will any portion of the proceeds be used (directly or indirectly) to make or finance loans to private persons or entities? If yes, please describe.

Yes

No

12. Will there be a private or non-governmental user of the project? If yes, please list the private and/or non-governmental user of the project and state their interest in the project. A principal user includes each person and/or entity who owns more than 5% of the project (if no one owns more than 5% name the person and/or entity who owns the largest ownership interest in the project), each person and/or private entity who leases 5% or more of the project, each private recipient of more than 5% of the use of services of the project, managers or operators of facilities under contracts with terms exceeding two years or terms which provide for payment based on a percentage of fees or revenues.

Yes

No

13. List the name of the entity in which the project will be titled.

14. Is there any requirement to repay the State any moneys for the project? If yes, set forth the terms of the repayment.

Yes

No

15. Does your entity or the project generate revenues that will be used to make payments to the State? If yes, describe (i) from whom the revenues are obtained, (ii) the revenues, income or payments to the State, and (iii) the agency, accounts or funds to which they are deposited.

Yes

No

16. Will any portion of the proceeds be used to finance a Project which will be used primarily by private persons or entities or those doing business with such entity? (For example, a road or building which will service only a private industry or industrial park.) If yes, please describe.

Yes

No

17. Do you anticipate a management contract or lease being entered into regarding all or any portion of the Project? If so, please attach a copy of all contracts, management contracts, leases or subleases of space with private persons and/or entities relating to the Project. Please describe any anticipated contracts, management contracts, leases or subleases with private persons and/or entities relating to the Project, including, without limitation, rent square footage, square footage percentage of the whole Project, proposed use, payment provisions, etc.

Yes

No

18. Do you presently expect to change the use of the Project in any way that is not described elsewhere in this Questionnaire? If yes, please describe.

Yes

No

19. Is there a match requirement for the Project? If yes, please describe the amount and nature of the match and attach verification of the existence and availability of the match and the commitment to use the match for the project.

Yes

No

20. Does the Capital Outlay Act contain a specific condition for the Project, other than matching funds? If yes, describe the condition and attach verification that the requirements of the condition have been met.

Yes

No

The undersigned does hereby certify that he/she is the duly authorized and acting representative of the _____; that the responsibilities of such position include responsibility for coordination of the legal and/or financial matters of the _____; in connection with the bond issue in question; that he/she is authorized to provide the information and representation contained herein for your use and reliance in rendering the opinion requested of you; that the information and representations contained herein are accurate and complete; and that if any of the information changes after the date of execution hereof but prior to the issuance of the Bonds for the Project, I will attempt to notify the Attorney General's Office, Public Finance Section.

Dated:

By:

(Signature)

(Please type)

Name:

Title:

Entity:

Street Address:

City, State, Zip:

Telephone:

Fax #:

E-Mail Address:

State Agency - eCORTS Priority Ranking

Page 1 of 1



Facility Planning & Control PRELIMINARY PROGRAM FORM

October 17, 2013

CONTENTS: Refer to the tabs on the bottom this screen to access all the pages associated with this form.

- 1) Preliminary Program Information - General overview of the project and its description
- 2) Existing Space - This form is used to describe the current spaces and any special considerations required.
- 3) New Space - This form is used to describe the new spaces needed in a project.
- 4) Utilities - This form is used to list all the current utilities on site and the contact information for the utilities company.
- 5) FP&C Check List - This form is to be used by FP&C to start the evaluation process of the program.
- 6) Burden Factors - Lists some representative burden factors.

Please contact the Senior Manager or DCL Project Manager for your agency for assistance with the program.

Executive Department, Elected Officials, Department of Culture Recreation and Tourism, Ancillary Appropriations, Agencies not Listed Elsewhere

Department of Public Safety and Corrections, Department of Health & Hospitals, N. O. Adolescent Hospital, Department of Social Services, Department of Natural Resources, Department of Environmental Quality, Department of Wildlife and Fisheries, LSU Health Care Services Division

Gary Judice, Senior Manager Gary.Judice@LA.GOV 225-342-6238

Education: Louisiana State University, Southern University, LSU Health Care Services Division - Shreveport, University of Louisiana, Louisiana Community and Technical College System, Louisiana Special Education Center, Louisiana School for Math, Science and the Arts, Louisiana School for the Deaf, Louisiana School for the Visually Impaired

Chris Whitmire, Senior Manager Chris.Whitmire@LA.GOV 225-219-4422

Education: Louisiana State University Health Care Services Division – New Orleans

Tom Rish, Senior Manager Thomas.Rish@LA.GOV 225-219-4273

LSU HSC New Orleans

Barry Hickman, Senior Manager Barry.Hickman@LA.GOV 504-568-8542

Statewide Roofing

Kevin Clark, DCL Project Manager Kevin.Clark@LA.GOV 225-342-0571

Louisiana Code for State Owned Buildings

Mark Bell, DCL Project Manager Mark.Bell@LA.GOV 225-342-2069

General Information:

* This form is to be submitted with any request for the selection of an architect, engineer or landscape architect (designer.) This form is meant to help the User Agency compile the required information for the

Date:

PRELIMINARY PROGRAM FORM

for medium to large scale, complex projects
Department of Administration
Facility Planning and Control



Description of Project:

Priority
Rank:

Project type:

Project Mission:

Location

Umbrella Agency/Department:

User Agency:

Agency Mission:

Contact Name:

Agency Strategic Plan:

Contact Phone Number:

Contact Fax:

Facility (Campus) Master Plan:

Contact Email:

EXECUTIVE SUMMARY

Describe the project's size, type, scope, and its proposed location:

Relate the project need and specific objectives to the agency's mission statement and Strategic Plan.

What is the cost of this project and why is this project the most cost-effective and practical solution to this need? What are the proposed funding sources?

Explain the functions and performance characteristics of the completed project.

Are there any special requirements for this project?

What are the key milestone dates (or time frame)? Include move-in date.

List any contingencies, significant unresolved issues, or requirements necessary for completion of the project (legislation, action of courts, funding agreements, grant restrictions, or similar unresolved issues or requirements)

What alternatives were considered and why were they rejected?

List effects, if any, this project may have on surrounding facilities, programs, or other agency projects.

SUPPLEMENTAL INFORMATION

Is there a model for this facility? Is there a prototype for certain types of spaces, functions, or materials? Describe or attach examples. Include journal or professional articles.

INSTRUCTIONS: Fill in entire form. Every box must be completed. If requirement is not applicable, say why.

* Description of Project: Type and size of building or renovation. Include special features of project. What level (grade) of construction is to be used?

* Priority Rank: Rating within agency Project Type: Renovation, new building, or leased space Project Mission: How does the building fit into the agency's plans. Is this a new program or an existing program? Architectural features included in project shall contribute to the mission of the building and/or renovation.

* Agency Strategic Plan: Long range plans and goals that strengthen the agency mission. Strategic plan should anticipate growth. Project mission should be part of agency strategic plan.

* Facility Master Plan: Include age of facility, activities that occur there now and that shall occur in the future, include design standards for exterior and interior. Attach current master plan or other documentation. Are there architectural standards required for the facility campus.

* The purpose of an executive summary is to provide the essential arguments for approval of the project in the fewest words possible.

* Describe the project's size, type, scope, and its proposed location: If a renovation, describe if project is to repair an existing facility, replace deteriorated building components, upgrade existing building components, replace functionally obsolete spaces, change of use in building, correct code violations, hazardous material abatement.

* Relate the project need and specific objectives to the agency's mission statement and Strategic Plan. Project justification should correlate with agency mission and agency strategic plan. Include where you are now and where you want to go. Make sure that growth is anticipated.

* What is the cost of this project and why is this project the most cost-effective and practical solution to this need? What are the proposed funding sources? Include life cycle costs and operating costs associated with this project .

* Explain the functions and performance characteristics of the completed project. Include any special mechanical, electrical, plumbing, or building requirements.

* Are there any special requirements for this project?: Is phasing required? If renovation, where will present occupants be housed during renovation? What site considerations will be involved?

[illegible]

Special Comments. List any additional information pertaining to the project.

- * Refer to the FM program to confirm if there is asbestos present in the building. The web site is <http://www.gcr1.com/fpc/>
- * If there are any special Parking requirements associated with the site or the people using the facility list them under comments.

*Under "Special Equipment" list any equipment this is going to be required in in the space. Also include the number of devices. Special Equipment would not include standard office equipment like computers, printer or phones.

* Under "Renovation/ Remain" list if the space is going to remain in current condition and function or will it be renovated. If the function of the space is going to change then list it under comments.


*If there are any spaces that have a proximity relationship to other spaces list the spaces and there relation ship under comments.

* If there are any questions concerning the burden factor see "New Space."

[illegible]

[illegible]

INSTRUCTIONS: All spaces that are going to be associated with this capital outlay request need to be accounted for.

Utilities Data Sheet	State Agency		Facility Planning and Control 1201 N. 3rd Street Baton Rouge, LA 70804 	
	Project			
	Date	State ID #		
Are there any requirements for a utilities investigation on the site?				
Type of Utilities	Type/ size	Located on site plan	Supplier of Utilities	Comments
Electricity				
Natural Gas				
Water Line				
Chilled water Line				
Steam lines				
Sanitary Sewage Lines				
Telephone				
Cable				
Fiber optic lines				
Storm Drain				
Irrigations system				
Supplier Name	Address		Phone	Contact person
			Ph	
			Fax	
			Ph	
			Fax	
			Ph	
			Fax	
			Ph	
			Fax	
			Ph	
			Fax	
			Ph	
			Fax	
Site Plan	Sketch site and location of utilities known if site plan not available			

INSTRUCTIONS: All the information concerning the utilities associated with the site needs to be described in the form.

* If there are any questions concerning this form contact the Senior Manager assigned to the facility mentioned in the form.

* Under "Comments" list any problems or the current conditions of the utilities.

*If a hard copy of the site plan is available attach a copy of the plan to this form.

*The site plan is used for general purposes only.

*Show all servitudes and boundaries that are known.

FACILITY PLANNING AND CONTROL CHECKLIST

To be completed by FP & C

Incomplete submittals will be returned with a completed copy of this checklist.



		COMPLETE	INCOMPLETE	MISSING OR UNKNOWN	NOT APPLICABLE	COMMENTS
SQUARE FOOTAGE REQUIREMENTS	List of core program requirements					
	List of administrative and support spaces					
	Storage for support and core functions					
	Special space requirements					
	List of major specialized space needs (labs and similar space needs, listed under core spaces)					
	Listing of infrastructure support spaces (listed under Secondary Spaces)					
	Space relationships of core programs and support facilities (Comments)					
	Calculations of total net and total gross square foot area					
	Financial Calculations of project cost based on gross square footage and cost per square foot					
OTHER	Symbolic or Aesthetic Requirements					
	Zoning Issues					
	Historical Districts, historical site or Landmark Building Status					
	Codes and Regulations					
SITE ISSUES	Exterior grounds and site requirements. Vistas or points of interest					
	Environmental and/or EPA Issues					
	Public right-of-way(s) and/or easements.					
	Adequate capacity of existing utilities? Utility extensions required? Age of central plant.					
	Under/Above ground storage tanks. Hazardous material handling/storage.					
	Access to public transportation.					
	Vehicle/pedestrian access and circulation					
	Parking and basis for sizing					
	Additional Site work, raising of site, other mitigation, special transportation access					

BUILDING OPERATIONS	Special MEP issues					
	System Compatibility Issues (existing equip.)					
	Telecommunications/Voice/Data/Audio					
	Lighting Requirements					
	Acoustical or Sound Separation Requirements					
	Security Requirements					
	Special Equipment					
	Food Service Operations					
	Shipping and Receiving					
	Waste and Refuse Removal, Containment					
BUDGET ISSUES	Have life cycle costs been addressed?					
	Are additional operating funds available and approved?					
	Is leased space or temporary facilities required for project?					

General Note

*This page is to be used as a guide as to the information that will be looked for by FP&C in determining the completeness of the form.

Space Planning

BUILDING TYPE	BURDEN FACTOR
Administrative	1.50
Apartment	1.56
Auditorium	1.42
Bank	1.40
Biology	1.61
Chemistry	1.70
Church	1.42
Classroom	1.52
Courthouse	1.62
Department Store	1.23
Dining Hall	1.38
Dormitory	1.54
Engineering	1.64
Fraternity	1.60
Garage	1.18
Gymnasium	1.42
Hospital	1.83
Hotel	1.58
Laboratory	1.71
Library	1.32
Office	1.35
Restaurant	1.41
Science	1.67
Service	1.20
Student Union	1.72
Warehouse	1.08

*The burden factor is intended to include such things as corridors, mechanical and equipment rooms, restrooms, stairs and elevators

* This sheet is to be used as a guide only. There could be other factors associated with a building that could either raise or lower these Burden Factors.

Terms

Agency Impact Statement	A name entered here certifies that any costs associated with operating the new project have been set aside and accounted for by the entity. Those additional costs should appear in the Operating Budget Section of this form.
Anticipated Program Needs	Funds are not needed in the first year.
Appropriation	Money that is identified within a Capital Outlay Act, which has been signed by the Governor. These funds have only been identified; no monies exist, yet. (See "Funding").
Authorized Means of Financing	For Non-State entities this will be either General Funds or G.O. Bonds. State Agencies have other means of funding available to them.
Board	Used for education requests only.
BR-1 and BR-2	These budget requests are for State agencies only.
Burden Factor	Not all space in a building is usable space. The burden factor allows for the inclusion of mechanical space, major vertical penetrations, primary circulation, building core and building services. This is space that must be included, but cannot be directly used by the occupants, nor included in area required per occupant. Gross Area minus the Burden Area = Usable Area.
Capital Outlay	Capital Outlay projects should have a useful life of 20 years or more and a value or cost of at least \$50,000.
Certification	This is a required section for non-state entities. It is used to determine if other means of financing is available for the requested project.
Construction Phase	Actual construction of the project
Contact	This should be the person in charge or the person who completed the request. It is who FP&C will contact with any questions or updates needed on the request.
Cooperative Endeavor Agreement Data Form	All new Non-State projects must submit a CEA Data Form. One will be mailed to the entities with the July Appropriations mail out. If there is not one in the packet, the entity does not need to return one. The CEA Data Form can be found on the FP&C website http://doa.louisiana.gov/fpc/download1.htm . Look under Capital Outlay, Downloadable Forms.
Cost Estimate	This should equal the total cost of your project. Planning and Miscellaneous/Contingency are calculated automatically at 10% each. The figure entered under Construction should equal the Total of Cost of Construction Calculation.
Current Project Requirements	Use this designation if the project is needed to meet current program requirements
DED	Department of Economic Development, aka LED, Louisiana Economic Development

Demonstration of Need - Title and Description	The scope of the project should be entered here. If additional description is needed, please use the Comments section of this form.
Department	Used in State Agencies only.
DOA	Division of Administration
Emergency Project	If people or property are at immediate risk, a project can be considered an emergency or if the current condition is resulting in state or federal violations of law.
Facility Requirements	This section is for projects that include a building or additional space. It is a check to determine if enough space has been allowed for the number of occupants the entity expects to use the space. Enter the different types of space, the type and number of occupants, and the net area needed per occupant.
Feasibility	Feasibility of a project is determined by fulfillment of Statutory Requirements, justification of project, and why State funds are needed.
Five Year Plan	Projected cash flow needed for the next five years for the completion of a capital outlay project and/or program.
Funded	Cash and/or lines of credit are available for the specified project. Note that while a noncash line of credit represents a funding commitment, it does not provide additional cash.
Location	If available, enter an address for the project or nearest intersection. Include municipality.
Management Board	Used by Education requests only.
Operating Budget	The budget of the institution, agency or department that will be responsible for the completed project
Planning Phase	The preparation of architectural and engineering documents up to and including the preliminary design stage where final working drawings and specifications are prepared, advertising for a sealed bid or proposal, awarding a contract pursuant to law.
Prior Funding	List any funding the project has already received through Capital Outlay for this particular project.
Proposed Funding	Using the estimated time line of a project, funding should be spread over the years as funds are needed. Proposed funding should equal Total project cost less any prior years' funding.
Site Code	Identifies the facility where the project is to be located. Can be found in SLABS.

Stage	Stage 1 = Agency Level. Stage 2 = Department Level. Stage 3 = Management Board Level. Stage 4 = FPC Level. Projects are moved up to Stage 4 when they are fully submitted. Stage 5 = BDS Level. All requests are moved to Stage 5 after FPC review.
Statutory Requirements	Statutory Requirements are outlined in R.S. 39:101 & 102. If a Capital Outlay Request is filled out accurately and completely, it likely fulfills the Statutory Requirements
Time Estimate	Enter how long it is expected to take to complete the project. The total of these months dictate over how many years the Proposed Funding is requested. The two should agree.
Title	Project title should provide a brief statement of facility use plus location.
User	The name of the applicant (agency/entity).

Key Dates for Agencies and Entities

June	Closing of Legislative session
Mid July	Letters are mailed out to all entities who have an appropriation in HB2. Includes letter of instruction, line of credit request form.
Third Thursday in each month of the fiscal year	July: Bond Commission reauthorizes P1 and P5 lines of credit from the prior fiscal year including P5 noncash converted to P1 cash. August-June: Bond Commission may authorize new lines of credit.
August	E-CORTS opens for electronic submission of capital outlay requests. Deadline is November 1.
By October 15	Mail out of letters regarding line of credit status. Sent to each agency that received a G.O. Bond appropriation, but has not received a line of credit as of September 15 th , reminding the agency that they must re-submit their request for the following year.
November 1st	Deadline for Capital Outlay Requests for the following year. State projects must have a list of priorities from State departments/ management boards.
March or April	Opening of legislative session
Before the 8th day of the Legislative Session	Governor must present to the Legislature the Original HB2 and HB3